


Instructions for completing the Wyoming Quarterly UI/WC and UI Only Summary Report form

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|---|--------------------|---|----------|---|--------|
| WYO056 - (2/09) DO NOT STAPLE | | WYOMING QUARTERLY UI/WC SUMMARY REPORT | | | |
| Unemployment Insurance Call: (307) 235-3217 | | Workers' Compensation Call: (307) 777-6763 | | Business Name ABC SAMPLE CO INC | |
| | | Quarter End Date | | 03/31/2009 | |
| | | Due Date | | 04/30/2009 | |
| Use WIRE to file on the Internet http://doe.state.wy.us/wire/ | | UNEMPLOYMENT INSURANCE (UI) | | Quarter/Year | 1 2009 |
| STATE OFFICE USE ONLY | | Account Number | | 012345678 | |
|  0560203 <input checked="" type="checkbox"/> NWL POSTMARK DATE MM-DD-YY 04-30-09 | | 1. Total UI Wages For The Quarter (Including Tips) | | \$ 59238 75 | |
| | | 2. Excess Wages (2009 TAXABLE WAGE BASE \$21,500.00) | | \$ 3680 00 | |
| | | 3. Taxable Wages (Line 1 minus Line 2) | | \$ 55558 75 | |
| | | 4. Tax Due (Multiply Line 3 by .0265 (INCLUDES .00072 FOR EMPLOYMENT SUPPORT FUND)) | | \$ 1472 31 | |
| | | 5. Interest Due 2% (0.02) Per Month From Due Date Shown Above | | \$ 0 | |
| | | 6. Amount Due From Prior Report Periods | | \$ 0 | |
| | | 7. Outstanding Unemployment Insurance Credit | | \$ 0 | |
| | | 8. Total Unemployment Insurance Amount Due (4+5+6 - 7) | | \$ 1472 31 | |
| | | CHECK NUMBER □□□□□ | | Number of Workers by Month For each month, report the number of covered workers who worked during or received pay for the payroll period on the 12th of the month. Enter zeros if there were no workers. | |
| | | | | 4 | 4 |
| | | | | MAR | 3 |
| WORKERS' COMPENSATION (WC) | | | | | |
| | | Employer Number | | 007654321 | |
| 9A. NAICS/Class Code | 9B. # Of Employees | 9C. Total Wages For NAICS/Class Code (Excluding Tips) | 9D. Rate | 9E. Taxes Due = 9C x 9D | |
| 000010 | 1 | \$ 5000 00 | .0088 | \$ 44 00 | |
| 236115C | 1 | \$ 9967 77 | .0560 | \$ 558 20 | |
| 236115 | 4 | \$ 13978 90 | .0560 | \$ 782 82 | |
| | | | | \$ 0 | |
| | | | | \$ 0 | |
| | | | | \$ 0 | |
| | | | | \$ 0 | |
| | | | | \$ 0 | |
| | | | | \$ 0 | |
| 10. TOTALS | 6 | \$ 28946 67 | | \$ 0 | |
| INCLUDE WAGE LISTING FORM: and Return This Form To: EMPLOYER SERVICES P O BOX 2659 CASPER WY 82602-2659 | | 11. Interest Due 2% (0.02) Per Month From Due Date An Additional \$100.00 Late Penalty will be Assessed to Employers not reporting within 30 days of the Due Date. | | \$ 0 | |
| | | 12. Amount Due From Prior Report Periods | | \$ 0 | |
| | | 13. Outstanding Workers' Compensation Credit And/Or Payment | | \$ 0 | |
| | | 14. Total Workers' Compensation Amount Due (10+11+12 - 13) | | \$ 1385 02 | |
| | | 15. From Line 8- Amount Of UI Taxes Enclosed | | \$ 1472 31 | |
| Date 4/30/09 | | 16. Total Amount Enclosed (14+15) | | \$ 2857 33 | |
| Business Phone # 307-123-4567 | | | | | |
| Signature Joe Sample | | | | | |
| Title President | | | | | |
| Make Checks Payable To: Department Of Employment | | | | | |

To correct a report for a prior quarter or to file reports for an earlier quarter call (307) 235-3217 to obtain the correct forms. **Copies and substitute forms are not accepted.**

Use Black Ink Only Unemployment Insurance Filing

Line 1: Enter Total Wages from the wage list including Corp. Officer wages
Line 2: Enter Excess Wages (if any) ** See below
Line 3: Line 1 minus line 2. Line 3 cannot be a negative number
Line 4: Multiply line 3 (taxable wages) by the assigned rate and enter the tax amount due on line 4
Line 5, Line 6, and Line 7: Enter as necessary
Line 8: Add line 4, line 5, line 6, and subtract line 7. Enter the result on line 8
Line 9: Enter the amount from line 8 if you are filing a UI only report

Number of Workers by Month: Enter the number of employees who worked on or received pay on the 12th of the month

Workers' Compensation Filing

Column 9A: NAICS/Class Codes assigned to the account (to be used in A5 of the Employee Wage Listing)
Column 9B: Enter the number of employees for each NAICS/Class Code
Column 9C: Enter the total wages for each NAICS/Class Code. (Use the WC Average Wage of \$9,967.77 for 2009 to report Corp. Officer wages if the NAICS/Class Code ends in the letter C)
Column 9E: Multiply each wage amount from column 9C by the Rate(s) in 9D and enter the results for each line
Line 10: Enter totals for columns 9B, 9C, and 9E
Line 11, Line 12, and Line 13: Enter as necessary

Line 14: Enter the total Workers' Compensation tax due
Line 15: Enter the total Unemployment tax due from Line 8 above
Line 16: Enter the results of Line 14 plus Line 15
 This is the amount of payment that should be sent for UI and WC taxes

**** Excess wages** are any wages for an Employee over the taxable wage base for the year. The Taxable Wage Base for 2009 is \$21,500.00
Note: Once the taxable wage base has been met, excess wages cannot exceed the quarter's total wage for the employee

Instructions for completing the Wyoming Employee Wage Listing

To correct or file reports for a prior quarter call (307) 235-3217.

WY0078 - (2/09)

DO NOT STAPLE

WYOMING EMPLOYEE WAGE LISTINGS

Quarter/Year 1 2009 Business name ABC SAMPLE CO INC

UI Account Number 012345678 Address 111 SAMPLE RD

WC Employer Number 007654321 PRINT IN ALL CAPS SAMPLE TOWN, USA 11111

| A1. Social Security Number | A2. Employee Name Last, First | A3. Tips | A4. Total Wages (Excl. Tips) | A5. NAICS/Class Code | A6. Type B,U,W | A7. New Hire Date | A8. Total Hours This QTR |
|----------------------------|-------------------------------|--------------|------------------------------|----------------------|----------------|-------------------|--------------------------|
| 123 - 45 - 6789 | JONES SAM | | 1899 00 | 236115 | B | 01 20 2009 Y | 236 |
| 223 - 45 - 6789 | SMITH TOM | 30 35 | 3543 45 | 236115 | B | M M D D C C Y Y | 294 |
| 323 - 45 - 6789 | BROWN DON | | 7762 45 | 236115 | B | M M D D C C Y Y | 659 |
| 423 - 45 - 6789 | SIMPSON ABLE | 49 50 | 774 00 | 236115 | B | 02 13 2009 Y | 86 |
| 523 - 45 - 6789 | SAMPLE TERRI | | 5000 00 | 000010 | B | M M D D C C Y Y | 200 |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| EMPLOYEE SUBTOTALS: | | A3. \$ 79 85 | A4a. \$ 18978 90 | A3+A4a. \$ 19058 75 | | | |

▼ CORPORATE OFFICER INFORMATION ONLY

| A1. Social Security Number | A2. Officer Name Last, First | A9. WC Avg. Wages | A4. Total Wages (With Tips) | A5. NAICS/Class Code | A6. Type B,U,W | A7. New Hire Date | A8. Total Hours This QTR |
|------------------------------|------------------------------|-------------------|-----------------------------|---|----------------|-------------------|--------------------------|
| 623 - 45 - 6789 | SAMPLE JOE | 9967 77 | 25180 00 | 236115C | B | M M D D C C Y Y | 647 |
| 723 - 45 - 6789 | SAMPLE SALLY | | 15000 00 | | U | M M D D C C Y Y | 200 |
| - - | | | | | | M M D D C C Y Y | |
| - - | | | | | | M M D D C C Y Y | |
| CORPORATE OFFICER SUBTOTALS: | | A9. \$ 9967 77 | A4b. \$ 40180 00 | GRAND TOTALS A3 + A4a + A4b \$ 59238 75 | | | |

USE BLACK INK ONLY

***A1:** Enter the Social Security Number of each covered employee receiving wages during this quarter

***A2:** Enter the Last and First Name of the employee identified by the Social Security Number in item A1

A3: Enter the amount of tips each employee earned during this quarter. NOTE: Tips are included as wages for UI tax computations but not included as wages for WC tax computations. Enter the Tips subtotal at the end of this column (A3)

***A4:** Enter the total of all wages, excluding tips, earned by each employee during this quarter. Enter the subtotal of wages at the end of this column (A4a)

A5: Enter the NAICS/Class Code for each employee as assigned by WC (see 9A of the Quarterly UI/WC Summary report).

Required if filing both UI and WC on this form

***A6:** Enter the appropriate type for each employee:

- **B** if covered by both UI and WC
- **U** if covered only by UI
- **W** if covered only by WC

A7: Enter the date of hire for each employee hired during this quarter

A8: Enter the hours each employee worked during this quarter, rounded to the nearest hour. Do not use fractions or decimals

***A3+A4a:** Enter the subtotal of Tips and Wages for the employees

***A3+A4a+A4b:** Enter the grand total of all employee and corporate officer wages

Do not enter more than 12 Employees or 4 Corporate Officers per page. Copies and substitute forms cannot be accepted. To obtain additional blank forms call (307) 235-3217

***Required Field**

CORPORATE OFFICER/LLC MEMBER INFORMATION

A9: Enter the Workers' Compensation Corporate Officer average wage only if Workers' Compensation Corporate Officer/LLC Member coverage has been elected and a class code ending in the letter "C" has been assigned to the account (see 9A of the Quarterly UI/WC Summary report). Do not use actual wages in this field (to report actual wages see A4 instructions below). Enter the subtotal at the end of this column (A9).

A4: Enter the actual wages, including tips, earned by each Corporate Officer (required for UI) or LLC Member (optional for UI) during the quarter. Enter the subtotal at the end of this column (A4b)

Workers Compensation Corporate Officer Average Wage for 2009 is \$9,967.77